

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

POET PAC

ADDRESS (number and street)

4615 N Lewis Ave

Check if different  
than previously  
reported. (ACC)

Sioux Falls

SD

57104-7116

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00450692

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Pinkerman, Jeff, Allen, ,

Signature of Treasurer

Pinkerman, Jeff, Allen, ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

POET PAC

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2024

To:

MM / DD / YYYY  
01 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		690798.57
(b) Cash on Hand at Beginning of Reporting Period.....	690798.57	
(c) Total Receipts (from Line 19) .....	38379.54	38379.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	729178.11	729178.11
7. Total Disbursements (from Line 31) .....	5117.65	5117.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	724060.46	724060.46
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

POET PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
01 01 2024

To:

M M / D D / Y Y Y Y  
01 31 2024**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

14257.42

14257.42

(ii) Unitemized .....

21348.20

21348.20

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

35605.62

35605.62

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

35605.62

35605.62

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

2773.92

2773.92

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

38379.54

38379.54

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

38379.54

38379.54

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4917.59	4917.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4917.59	4917.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	200.06	200.06
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	200.06	200.06
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5117.65	5117.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5117.65	5117.65

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	35605.62	35605.62
34. Total Contribution Refunds (from Line 28(d)) .....	200.06	200.06
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35405.56	35405.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4917.59	4917.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4917.59	4917.59

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 15  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berg, Todd, , ,**

Mailing Address 2420 Tollman Ave

City  
BlairsburgState  
IAZip Code  
50034-7561FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Self-EmployedOccupation (for Individual)  
Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2024**Transaction ID : A20109601B052402FAD2**

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Borer, Mark, , ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 19 / 2024**Transaction ID : AB0B1326381C24A24878**

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAC Payroll Deduction: \$192.30/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Braun, Matthew, J, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
SVP & Gen Mgr, Poet Bio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 19 / 2024**Transaction ID : A0BEEC38C1C78440FBFD**

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAC Payroll Deduction: \$192.30/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1134.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 15  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Breukelman, Gregory, W, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
President, POET BP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 19 / 2024**Transaction ID : AF1A26DE2402B4B1C81A**

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAC Payroll Deduction: \$192.30/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cartwright, Darin, , ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
VP Commercial Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 19 / 2024**Transaction ID : A922FDBD1D45A4F819AB**

Amount of Each Receipt this Period

192.31

☐ Memo Item

PAC Payroll Deduction: \$192.31/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Castelli, Peter, M, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
SVP & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 19 / 2024**Transaction ID : AC5C16ABB75AC4677B35**

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAC Payroll Deduction: \$192.30/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.91

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 15  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dibble, Dustin, L., ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
Commercial Mgr - Intl

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

MM / DD / YYYY  
01 / 19 / 2024**Transaction ID : A8384C197CEF44EC2931**

Amount of Each Receipt this Period

192.00

☐ Memo Item

PAC Payroll Deduction: \$192.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Haines, Wyatt, , ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

MM / DD / YYYY  
01 / 19 / 2024**Transaction ID : AD391A65F66C94399A0B**

Amount of Each Receipt this Period

192.31

☐ Memo Item

PAC Payroll Deduction: \$192.31/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hay, Nathan, Charles, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
VP, People and Culture

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

384.00

Date of Receipt

MM / DD / YYYY  
01 / 19 / 2024**Transaction ID : AD46E562B3FFE4E12913**

Amount of Each Receipt this Period

192.00

☐ Memo Item

PAC Payroll Deduction: \$192.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

576.31



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 15  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Heikes, Jeffrey, R, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
SVP of Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 19 / 2024**Transaction ID : A3E71BD5C33764FDABFE**

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAC Payroll Deduction: \$192.30/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Houwman, Chris, , ,**

Mailing Address 16 S Riverview Hts

City  
Sioux FallsState  
SDZip Code  
57105-0252FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
Malloy ElectricOccupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 11 / 2024**Transaction ID : AD90407BB2C554AFF92C**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miles, Michael, R, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
Senior Trader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 / 19 / 2024**Transaction ID : A78B50C566E0F4EA1B70**

Amount of Each Receipt this Period

200.00

☐ Memo Item

PAC Payroll Deduction: \$200.00/Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1392.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 15  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pinkerman, Jeff, Allen, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY  
01 / 19 / 2024**Transaction ID : AD430B76261CE4C73897**

Amount of Each Receipt this Period

190.00

☐ Memo Item

PAC Payroll Deduction: \$190.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shields, Joshua, L, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
SVP, Corporate Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

MM / DD / YYYY  
01 / 19 / 2024**Transaction ID : A7C1D1AA450E9450DB28**

Amount of Each Receipt this Period

192.30

☐ Memo Item

PAC Payroll Deduction: \$192.30/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Whiteman, Lisa, S, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.**C**Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
Credit Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
01 / 15 / 2024**Transaction ID : AF30AE7A46A154E58AED**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5382.30

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 15  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Whiteman, Robert, S, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 15 / 2024

Transaction ID : AD4EFD77E370A4096BC0

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Woods, Gregory, Michael, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
POET, LLCOccupation (for Individual)  
CHIEF INFORMATION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 19 / 2024

Transaction ID : A790CD41F85944BF7B5C

Amount of Each Receipt this Period

195.00

☐ Memo Item

PAC Payroll Deduction: \$195.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5195.00

14257.42

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 15  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. First Dakota National Bank**

Mailing Address PO Box 156

City  
YanktonState  
SDZip Code  
57078-0156FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2773.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 02 / 2024

Transaction ID : AC8E3F763BB124AFA902

Amount of Each Receipt this Period

2773.92

☐ Memo Item

Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2773.92

2773.92

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

POET PAC

Full Name (Last, First, Middle Initial)

**A. First Dakota National Bank**

Mailing Address PO Box 156

City  
YanktonState  
SDZip Code  
57078-0156

Purpose of Disbursement

Bank fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	2	4		

FEC Identification Number

C

Transaction ID : BDCE2CD425

Amount of Each Disbursement this Period

25.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. First Dakota National Bank**

Mailing Address PO Box 156

City  
YanktonState  
SDZip Code  
57078-0156

Purpose of Disbursement

Merchant fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : B85496314F6

Amount of Each Disbursement this Period

95.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. First Dakota National Bank**

Mailing Address PO Box 156

City  
YanktonState  
SDZip Code  
57078-0156

Purpose of Disbursement

Merchant discount fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	4		

FEC Identification Number

C

Transaction ID : BAEE68796E

Amount of Each Disbursement this Period

787.87

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

909.26

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name (Last, First, Middle Initial)

**A. POET LLC**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116

Purpose of Disbursement

PAC administrative fee for February

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	2	4		

FEC Identification Number

**C**

Transaction ID : BF507CD8B1

Amount of Each Disbursement this Period

4008.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/  
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4008.33

**TOTAL** This Period (last page this line number only).....▶

4917.59

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**POET PAC**

Full Name (Last, First, Middle Initial)

**A. Cartwright, Darin, , ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116

Purpose of Disbursement

Refund for 2023 excessive contributions

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : B63FFF7857f**

Amount of Each Disbursement this Period

 0.06☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Miles, Michael, R, ,**

Mailing Address 4615 N Lewis Ave

City  
Sioux FallsState  
SDZip Code  
57104-7116

Purpose of Disbursement

Refund of 2023 excessive contribution

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	4		

FEC Identification Number

**C** **Transaction ID : B82FF49378C**

Amount of Each Disbursement this Period

 200.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C** 

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.06

200.06